U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMME Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid QMB control nu							commerce control number	
Effective on 12/08/2004.			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			7 ppiloddon Trainion		0/610,487-Conf. #5330			
FEE TRANSMITTAL					ne 30, 2003	30, 2003		
					ric J. Horvitz			
For FY 2009			Examiner Name A.		A. A. Zahr			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2175					
TOTAL AMOUNT OF PAYMENT (\$) 940.00		1	Attorney Docket No. M1103.707			3US00		
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND I								
ļ F	ILING FEES Small Entity	SEAF	RCH FEES Small Entity	EXAMINA	TION FEES Small Entity			
Application Type Fee (\$) Fee (\$) Fe	e (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	ald (\$)	
Utility 330	165	540	270	220	110			
Design 220	110	100	50	140	70			
Plant 220	110	330	165	170	85			
Reissue 330	165	540	270	650	325			
Provisional 220	110	0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$)		Fee	ee Paid (\$) Multiple Dep					
HP = highest number of total claims paid f	X =			Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$	1	
Indep. Claims Extra Clair		Foo	Paid (\$)				_	
-3 or HP =	x =	100	7 1 4.4 (0)					
HP = highest number of independent claim	ns paid for, if greater than 3.							
3. APPLICATION SIZE FEE								
If the specification and drawings								
listings under 37 CFR 1.52(e))				or small ent	ity) for each a	iditional 50)	
sheets or fraction thereof. See			. ,		Fee (\$)	Eas I	Paid (\$)	
Total Sheets Extra She	ets Number of e		ditional 50 or frag				alu (ə)	
100 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)								
Non-English Spacification \$130 fee (no small entity discount)								
Other (e.g. late filling surcharge). 1251 Extension for response within first month 130.00								
_180/ Request for continued examination (RCE) (see 37 810.00								
SUBMITTENBY	γ / ℓ				1			
Signature Club			Registration No. (Attomey/Agent)	32,950	Telephone	617.646	.8000	
Name (Print/Type) Edmund J. Wals	sh V	_			Date Sel	16,20	09	
<u> </u>					4			

Certificate of Electronic Filing Under 37 CFR 1.8						
I hereby certify that this paper (along with any paper refe system in accordance with § 1.6(a)(4).	erred to as being attached or enclosed) is being transmitted via the Office electronic filling					
Dated: <u>7-/6-09</u>	Signature: Cilan Mackeyee					